## INTERCOLLEGIATE BROADCASTING SYSTEM

## MEMBERSHIP APPLICATION

To:	Institution:
Board of Directors, % Manager of Member Servi	ices
Intercollegiate Broadcasting System	Date:
Gentlemen:	
The	operating station desires to
	deasting System. In accepting Membership in the Intercollegiate
Broadcasting System we, the undersigned, certify	that the(Name of Organization)
	es of the Intercollegiate Broadcasting System as established by the
	established annual dues of thirty-five dollars (\$35.00)* for Member itten notice of its resignation shall have been submitted to and ack-ystem.
The plans for operating this broadcast station	n have been approved by(Name)
Faculty Advisor, (Name)	of the college, university, institute. A  has been appointed
(Signed)	(Title)
(Signed)	(Title)
<b>(3-9-1-7</b> )	(2.00)
(Signed)	(Title)
Conditional Status—Groups with non-profit, educonstruction. Annual dues \$35.00.*	cational, campus-limited broadcast facilities contemplated or under
Membership—Groups operating non-profit, edu IBS Codes, and represented on the IBS Governing	cational, campus-limited broadcast stations in accordance with all ng Council. Annual dues \$35.00.*
* In each year of affiliation except the first, a rec	duction of \$5.00 is allowed for payment within 30 days of invoice.

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